

Applicant LEA						Site address, City, State, Zip Code				
Site Name (Use a separate Page for each site.)				Site Phone Number		Number of Subsidized Classrooms		____ Non-Licensed (Exempt) or License # _____		
(A) Classroom/Area Age Group		(B) # of children in attendance	(C) Staff Name	(D) Title	(E) Permit or Credential Information Type Number Expires (MM/YY)			(F) Assistants Only: Number of completed ECE/CD Semester Units	(G) Teachers Only: Number of completed Infant-Toddler Units	(H) Comments
				CD Program Director						
				CD Site Supervisor						

[illegible]

[illegible]

(A)		(B)	(C)	(D)	(E)			(F)	(G)	(H)

Cal-SAFE Center-based Child Care and Development Programs: Complete this form as directed.

***DIRECTIONS FOR
CHILD CARE AND DEVELOPMENT CENTER SITE PERSONNEL ROSTER
Attach additional pages as necessary***

SITE INFORMATION: Complete a separate form for each child care and development center site.

Applicant LEA: Write the legal name of school district or county office of education.

Site Name/Address/Phone Number: Complete site information requested. Must be the same as the site information listed on Form E.

Number of Subsidized Classrooms/Areas: Enter the number of classrooms or areas assigned to a group of children and child development staff. Each area should have a teacher in charge of the classroom/area. If areas within a facility are assigned to different age groups but assigned to one teacher, list those areas together as one classroom/area.

Program Director, Site Supervisor: List the persons identified on Form D and E for this site. List Program Director **only** if serving two or more sites. Enter Permit or Credential Information to verify qualifications to serve in this position. Copies of permits and credentials should be maintained on file in the LEA. Refer to directions under Column E to find the type code.

CLASSROOM/AREA INFORMATION: Information on the remaining parts of the roster is listed by classroom. Information about the whole classroom is entered on the same line as the lead teacher's name in columns A and B. *Duplicate page two of this form if you have more than three classrooms/areas for Cal-SAFE children.* This form may be used as a planning guide.

Column A:

Classroom/Area Classroom number or the room/area designation

Age Group Indicate the age group served in the classroom or area designation

Use the following codes:

I – Infant (birth to 18 months)

T – Toddler (18+ up to 36 months)

P – Preschool (36+ up to Kindergarten)

(Use a "/" to indicate mixed age groups—a classroom serving infants and toddlers would be designated I/T.)

**Column B: #
of Children in**

Attendance Indicate the number of children you expect to be in attendance at any one time. This may be fewer than the number enrolled (Form E). (If mixed age groups were indicated in column A, use a "/" again to separate the number of children of one age group from the other age group—a Classroom serving 3 infants and 4 toddlers would be designated as 3/4.)

Column C:

Staff Name List the names of the instructional staff—master teachers, teachers, associate teachers, assistants and aides. List the site supervisor again if the site supervisor is also assigned to a classroom. Do not include non-child development instructional staff such as parenting teacher, janitor, cook, etc. If a position is vacant write “**vacancy**”. If the position is filled by an ROP student or a volunteer indicate that in this space.

Column D:

Title Indicate the title for each individual in Column C. Do not use agency job titles; use only the following titles:
Site Supervisor (if also serving as a teacher involved in direct instruction of children)
Master Teacher
Teacher
Associate Teacher
Assistant
Aide
ROP Student
Volunteer

Column E:

**Permit or
Credential**

Information Enter Type Code, Credential Number and expiration date. Indicate how the individual named in Column C qualified for the position by using the following codes (If none of the codes apply, leave this column blank):

- A - California Child Development Program Director Permit**
- B - California Children's Center Supervision Permit**
- C - California Administrative Services Credential**
- D - A current credential** issued by the California Commission on Teacher Credentialing authorizing teaching service in elementary school or a single credential in home economics, **and** six units in administration/supervision of Early Childhood Education/Child Development (ECE/CD), (not required for a person who was employed as a program director prior to January 1, 1993 in a child care and development program receiving funding by the Child Development Division/CDE) **and** 12 units of ECE/CD or at least two years' experience in an ECE/CD program.
- G - Temporary County Certificate authorizing service as a Program Director** issued by the county office of education
- H - A current waiver authorizing service as a Program Director** issued by the CDE
- I - Child Development Site Supervisor Permit**
- J - Temporary County Certificate authorizing service as a Site Supervisor** issued by the county office of education
- K - A current waiver authorizing service as a Site Supervisor** issued by the CDE
- L - Regular Children's Center Instructional Permit**
- M - Limited Children's Center Instructional Permit**
- N - Emergency Children's Center Instructional Permit**
- O - Child Development Master Teacher Permit**
- P - Child Development Teacher Permit**
- Q - Child Development Associate Teacher Permit** (NOTE: This permit authorizes the holder to supervise only Assistants, make sure these are still the same not Aides.)

- R - A current credential** issued by the Commission on Teacher Credentialing authorizing teaching service in elementary school or a single subject credential in home economics, **and**
- 12 units in ECE and/or CD or two years' experience in early childhood education or a child care and development program.
- S - Temporary County Certificate authorizing service as a Child Development Teacher** issued by the county office of education
- T - Temporary County Certificate authorizing service as a Child Development Associate Teacher** issued by the county office of education. (NOTE: This TCC authorizes the holder to supervise only Assistants, not Aides.)
- U - Child Development Assistant Permit**

Number Indicate the permit or credential document number if permit or credential type was indicated.

**Expires
(MM/YY)** Indicate the expiration date of the permit or credential.

Column F: Indicate the number of ECE/CD units successfully completed by individuals working in an **Assistant** position.

Column G: Indicate the number of units of coursework relating to the care of infants and toddlers completed by individuals working as a **teacher**. **This is a requirement of the Cal-SAFE Program.** (Education Code, Section 54746(c)(6)).

**Column H:
Comments** Complete with additional information, such as a description of how the requirements are met, **whether the person works full time or part time**, individuals who have completed or participated in Program for Infant Toddler Caregivers (PITC) training, or any other information that will give complete information about the staffing of the child development center.

NOTE: A copy of this Roster should be kept on file by the LEA with accompanying documentation, i.e. copies of credentials, permits, Temporary Certificates, waiver approval letters, transcripts, etc.

CHILD CARE AND DEVELOPMENT NETWORK SITE INFORMATION

APPLICANT LEA: _____ **COUNTY** _____

Child Development Program Coordinator _____

List below the sites providing child care and development services.

Describe the type of child care represented by this contract or agreement.

Provider Name _____ Telephone # _____

Address _____

License Capacity _____ License # _____

Number of children funded by Cal-SAFE:

Infants _____ Toddlers _____ Preschoolers _____

Describe the type of child care represented by this contract or agreement.

Provider Name _____ Telephone # _____

Address _____

License Capacity _____ License # _____

Number of children funded by Cal-SAFE:

Infants _____ Toddlers _____ Preschoolers _____

Describe the type of child care represented by this contract or agreement.

Provider Name _____ Telephone # _____

Address _____

License Capacity _____ License # _____

Number of children funded by Cal-SAFE:

Infants _____ Toddlers _____ Preschooler _____

Duplicate this form for additional sites.

Directions for Child Care and Development Network Site Information (Form G)

Some LEAs are providing child care and development services for their Cal-SAFE programs through a child care and development network. Cal-SAFE children are placed with licensed child care providers in the community. This is not an alternative payment program. The LEA contracts or employs child care providers. Care is offered to Cal-SAFE students for their children. The LEA is responsible for placing children in a child care home or center and ensures that quality child care and development program standards are being met.

Child Care and Development Program Director: Write here the name of the person identified on the Program Roster as the Child Care and Development Program Director.

Complete **one** information box for each site where child care and development services are funded for Cal-SAFE children. Duplicate this form as needed for additional sites.

- Describe the type of child care agency (i.e., private care, family child care, CDE subsidized centers).
- Identify the provider by name or by center/business name.
- Enter the address, telephone number, license capacity and license number of the facility issued to the provider by Community Care Licensing.
- Enter the projected number of infants, toddlers, and preschoolers who will be cared for with Cal-SAFE funding in each facility.
- If you have not yet developed a contract or agreement with any or some providers, complete one box that represents the care of those children projected to be served. Check all of the types of care you will be seeking, on the Provider Name line write, "Agreements in Process," leave the license number line blank, and enter the total number of children you expect will be needing care in the various age categories.
- Keep a copy of the facility license on file with a signed copy of the contract or agreement.

CHILD CARE OPERATION CALENDAR

NAME OF APPLICANT LEA: _____

SITE NAME: _____

DIRECTIONS: Indicate the days of operation for Cal-SAFE Program child care with an “X” on every day this site will operate during the regular school year. Circle every day your program will operate during **summer school or extended year**.

HOURS OF OPERATION: Enter starting and closing times _____

180 Day School Year

From _____

To _____

Summer School or Extended Year

From _____

To _____

JULY 2003

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Days of Operation: _____

AUGUST 2003

SU	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Days of Operation: _____

SEPTEMBER 2003

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Days of Operation: _____

SubTotal: _____

OCTOBER 2003

SU	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Days of Operation: _____

NOVEMBER 2003

SU	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Days of Operation: _____

DECEMBER 2003

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days of Operation: _____

SubTotal: _____

JANUARY 2004

SU	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Days of Operation: _____

FEBRUARY 2004

SU	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29						

Days of Operation: _____

MARCH 2004

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days of Operation: _____

SubTotal: _____

APRIL 2004

SU	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Days of Operation: _____

MAY 2004

SU	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Days of Operation: _____

JUNE 2004

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Days of Operation: _____

SubTotal: _____

Regular School Year Total: _____ Summer School or Extended Year Total: _____ **TOTAL:** _____